



Department of Public Safety and Correctional Services

Maryland Commission on Correctional Standards

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THOMAS D. REECE
CHAIRPERSON

VERONICA MOORE
ACTING EXECUTIVE DIRECTOR

273rd Commission (Virtual) Meeting

January 28, 2021

Minutes

MEMBERS PRESENT:

Major Thomas D. Reece, Administrator Calvert County Detention Center,
Chairperson
Shakia Word, Budget Analyst, Department of Budget and Management, representing
Secretary David R. Brinkley, Vice Chairperson
Delores Alexander, Citizen Member
Dr. Maria Elmo, Healthcare Representative
Wayne Hill, Commissioner, Division of Correction
Beverly Hughes, Assistant Attorney General, representing Attorney General
Brian E. Frosh
Terry Kokolis, Director, Talbot County Department of Corrections
Nelson Reichart, Deputy Secretary, Department of General Services, Representing
Secretary Ellington E. Churchill, Jr.
Michael Resnick, Commissioner, Division of Pretrial Detention Services
Montrell Spence, Citizen Member

STAFF PRESENT:

Veronica Moore, Acting Executive Director
Cheryle Moyer, Senior Correctional Program Specialist
Regina Russell, Correctional Program Specialist
Brian Raivel, Administrative Officer
LaDonna Newman, Management Associate

VIRTUAL GUESTS:

Joseph Ezech, Acting Director, Office of Inmate Health and Clinical Services
Ms. Romaine Harris, Acting Chief Financial Officer, Office of Inmate Health and
Clinical Services
Mohamed Soliman, Internal Auditor Program Supervisor, Office of Inmate Health
and Clinical Services
Walter Newell, Internal Auditor, Office of Inmate Health and Clinical Services

The Maryland Commission on Correctional Standards held the 273rd Commission Meeting (Virtual Meeting) via Google Meet, due to the State of Maryland's Elevated Level II status regarding COVID-19. The agenda was as follows:

1. Welcome/Introduction/Remarks
2. Approval of Minutes, November 19, 2020
3. Chair's Comments
4. Acting Executive Director's Comments
5. Consideration of Final Reports
 - Office of Inmate Health and Clinical Services
6. New Business
 - Remote Audit Process Guidelines
7. Announcements
8. Adjournment

1. WELCOME/INTRODUCTION/REMARKS

Chairperson T.D. Reece commenced the 273rd Commission (Virtual) Meeting at 10:00 AM. Chairperson Reece commented this is the third remote meeting on record. Chairperson Reece announced that the meeting would be held as a live meeting. Chairperson Reece also stated that the meeting would be recorded. Chairperson Reece explained the virtual meeting guidelines regarding how the meeting would be conducted. Chairperson Reece advised the Commission members regarding the voting process for the reports. He stated that the Commission member must state his/her name for the motion and prior to the second to seal the vote for the approval of the report. Chairperson Reece stated that he will only address "nay" responses regarding the voting process. Chairperson Reece requested that each guest state their name and title prior to speaking for the purpose of knowing who is speaking/responding to a question. Chairperson Reece reminded members and guests to mute their microphones to reduce the amount of background interference during the meeting. Chairperson Reece announced that there was only one audit report on the agenda regarding the Office of Inmate Health and Clinical Services. Chairperson Reece advised attendees from the Office of Inmate Health and Clinical Services that they may remain or exit the meeting once the audit report has been read/voted on by the Commission Board. Acting Executive Director Veronica Moore conducted a Roll Call (attendance) of the Commission members for the purpose of a quorum for the virtual meeting which was followed by a Roll Call regarding the attendance of the MCCA staff who were present at the meeting. Acting Executive Veronica Moore conducted a Roll Call regarding the attendees from the Office of Inmate Health and Clinical Services.

2. APPROVAL OF MINUTES – NOVEMBER 19, 2020

Chairperson T.D. Reece entertained a virtual motion/vote on the approval of the Minutes regarding the November 19, 2020 meeting. Citizen member Delores Alexander made a motion to approve the Minutes of the November 19, 2020 meeting and Director Terry Kokolis seconded. The unanimous response of silence denoted the approval of the Minutes of the November 19, 2020 Commission (Virtual) meeting.

3. CHAIR'S COMMENTS

Chairperson T.D. Reece commented that after a few minor issues at the previous remote meetings, he is beginning to like the concept of the remote meetings. Chairperson Reece stated that the remote meetings save on travel time. He stated that the meeting proceeds without being faced with the transportation issues and other issues that may arise regarding an in-person meeting.

4. ACTING EXECUTIVE DIRECTOR'S COMMENTS

Acting Executive Director Veronica Moore commented that she would reserve her comments as New Business regarding the Remote Audit Process Guidelines.

5. CONSIDERATION OF FINAL REPORTS

• OFFICE OF INMATE HEALTH AND CLINICAL SERVICES

Senior Correctional Program Specialist Cheryle Moyer reported on the remote audit of the Office of Inmate Health and Clinical Services conducted by Commission staff from November 13, 2020 through December 7, 2020. The purpose of the remote audit was to assess the Office of Inmate Health and Clinical Services' compliance with Standard .02 P Periodic Health Examinations for the audit period of July 1, 2017 through June 1, 2020. A written policy and procedure is required for the periodic health examinations of inmates, per the standard. The Office of Programs and Services: Clinical Services, Medical Evaluations Manual, Chapter 2, Periodic Medical Health Evaluations, requires that periodic medical examinations are offered to all inmates housed in correctional institutions. Inmates, 50 years of age or older, are required to be offered a physical examination once a year and inmates, under 50 years of age, are offered a physical examination once every four years. The documentation of physical examinations and testing results are noted and maintained in the inmate's medical file and in the Electronic Patient Health Record (EPHR). The Office of Inmate Health and Clinical Services is accountable for medical contract operations, medical services quality assurance, fiscal oversight, conducting audits regarding the medical contractor, policy compliance requirements for correctional facilities, ensuring that medical contractors meet the medical requirements for inmate periodic health examinations, and monitors medical contractor actions to ensure compliance and policy standards are achieved. The medical contractor is provided with a monthly list of inmates who are due for physical examinations and they are audited to determine the 30-day completion of inmate physicals. If the inmate physical has not been offered and/or completed within the 30-day timeframe, the medical contractor receives a financial penalty. The Office of Inmate Health and Clinical Services is under the administrative authority of Dr. Sharon Baucom, the Director of the Office of Clinical Services. This crucial agency is managed daily by Acting Director Joseph Ezeh and Acting Chief Financial Officer Romaine Harris. After a thorough review of the required remote audit documentation, the Office of Inmate Health and Clinical Services was found to be in compliance with standard .02 P Periodic Health Examinations. Inmates were selected randomly and 300 periodic health examinations were

reviewed during the audit. The MCCS Auditors were assigned inmates with the last name with the assigned alphabet range and a specific year of the audit period, July 1, 2017 through June 1, 2020. A remote review, via Google Meet and the EPHR, of the automated physical examination records indicated that periodic medical health examinations were completed every four years for inmates under 50 years of age, and each year for inmates 50 years of age or older, during the audit period. The audit team consisted of Senior Correctional Program Specialist/ATL Cheryle Moyer, Correctional Program Specialist Regina Russell, and Auditor Brian Raivel. On October 22, 2020, an entrance conference was held via Google Meet with Acting Director Joseph A. Ezeh, Acting Chief Financial Officer Romaine Harris, Internal Auditor Program Supervisor Mohamed Soliman and Medical Internal Auditors, Bruce Baker, and Walter Newell. MCCS auditors were provided with a current inmate roster, organized by alphabet and year for the audit period to be reviewed in order to determine standard compliance. OIS staff was assigned to a respective MCCS auditor, with scheduled dates and times, to Google Meet and audit the standard. OIS staff shared the EPHR system, via Google Meet, in order for the auditor to view the requested automated medical documentation and record. During the review of the automated EPHR record/inmate medical records, OIS management and staff were immediately available to address questions, concerns, provide clarity and navigate through medical documentation, regarding questionable documentation. An exit conference was held with OIS management and staff, on December 22, 2020 at 2:00 p.m., via Google Meet to present the findings of this remote audit. The following staff members were present at this meeting: Acting Chief Financial Officer Romaine Harris, Internal Auditor Program Supervisor Mohamed Soliman and Medical Internal Auditors, Bruce Baker, and Walter Newell. During this exit conference, the Office of Inmate Health and Clinical Services Staff was informed that they were found to be compliant with standard .02 P Periodic Health Examinations within the Department of Public Safety and Correctional Services facilities. The Office of Inmate Health and Clinical Services is tasked with the responsibility for medical contract oversight, medical contract operations, medical services quality and assurance, fiscal oversight, conducting medical contractor audits, maintaining policy compliance requirements for correctional facilities. This principal agency also ensures that medical contractors meet the medical requirements for inmate periodic health examinations by monitoring medical contractor actions, thereby ensuring that compliancy and policy standards are achieved. The department should continue to support the extensive and necessary mission of this agency.

Chairperson T.D. Reece welcomed comments from the representatives of the Office of Inmate Health and Clinical Services. Acting Director Joseph Ezeh commented that he did not have any comments. Acting Director Ezeh deferred to Acting Chief Financial Officer Romaine Harris regarding the comments. Acting Chief Financial Officer Romaine Harris expressed appreciation to the MCCS staff. She stated that it was a pleasure working with the MCCS team regarding the remote audit. Acting Chief Financial Officer Harris stated that they were appreciative of the acknowledgement of total compliance. Acting Executive Director Moore stated that she wanted to reach out to the Office of Inmate Health and Clinical Services for their cooperation regarding the remote audit process. Acting Executive Director Moore reported that this was the first audit conducted by MCCS in which they were able to conduct a full audit remotely and while both parties were on telework status. Acting Executive Director Moore stated that both parties were able to work out the details in order for the remote audit process to go smoothly and complete the entire audit. Acting Executive Director Moore stated that it took a while to work out the details for the process to go smoothly. Acting Executive Director Moore stated that she was very appreciative of the efforts of the Office of Inmate Health and Clinical Services.

Chairperson T.D. Reece welcomed questions/comments from the Commission members. There were no questions presented.

Chairperson T.D. Reece asked if the Office of Inmate Health and Services was eligible for the Recognition of Achievement award. Acting Executive Director Moore responded that the Office of Inmate Health and Clinical Services was eligible to receive a certificate to acknowledge compliance with standard .02 P Periodic Health Examinations.

Chairperson T.D. Reece entertained a virtual motion and vote to approve the audit report and grant the Recognition of Compliance certificate regarding the Office of Inmate Health and Clinical Services. Commissioner Wayne Hill made a motion to approve the audit report and grant the Recognition of Compliance certificate and Citizen member Delores Alexander seconded. The unanimous response of silence denoted the approval of the audit report and Recognition of Compliance certificate. The vote to approve the report and Recognition of Compliance certificate was unanimous. The Commission members congratulated the Office of Inmate Health and Clinical Services on their achievement.

6. NEW BUSINESS

- **REMOTE AUDIT PROCESS GUIDELINES**

Chairperson T.D. Reece announced that Remote Audit Process Guidelines would be presented by Acting Executive Director Veronica Moore.

Acting Executive Director Veronica Moore stated that she would present a summation regarding the Remote Audit Process Guidelines as outlined in the illustration. Acting Executive Director Moore stated that the Remote Audit Process Guidelines were included in the Commission members meeting packet for their review prior to the Commission meeting. Acting Executive Director Moore commented that the Maryland Commission on Correctional Standards (MCCS) has been suspended from conducting field audits since March 2020. Acting Executive Director Moore stated that during the time since MCCS has been on telework, MCCS has begun to conduct remote audits of facilities in which the facility's audit was cancelled during the time of the suspension. Acting Executive Director Moore reported that this process is to give it a more formal process in writing to move forward with audits while on suspension and once the suspension has been lifted. Acting Executive Director Moore stated that as of right now, MCCS has had to cancel four audits scheduled in fiscal year 2020. She stated that MCCS began the remote audit process and started working with those facilities whose audits were cancelled to conduct portions of the audit remotely. Acting Executive Director Moore reported that MCCS had seventeen (17) scheduled audits in fiscal year 2021. She stated that so far, MCCS has had to cancel ten (10) audits. Acting Executive Director Moore stated that MCCS has not moved forward with remote auditing for the ten cancelled audits until the remote audit process has been formalized. Acting Executive Director Moore reported that MCCS has eleven (11) audits scheduled in fiscal year 2022. She reported that there is the potential of the cancellation of the audits scheduled in fiscal year 2022. Acting Executive Director Moore stated that MCCS is looking at rescheduling the cancelled audits as well as working within the audit schedule that is already in place until the suspension is lifted.

Acting Executive Director Moore referred to the Remote Audit Process Timeline. She reported that a timeframe was developed for the remote auditing process. Acting Executive Director Moore announced that MCCS will provide a six-month notice to the facilities prior to the on-site audit in order for the facility to prepare for the audit. Acting Executive Director Moore commented that MCCS currently provides a six-month notice to the facilities. Acting Executive Director Moore stated that the six-month notice provides the facility the opportunity to gather their information, prepare for the audit and to determine which method they will be using in order to provide the information to MCCS remotely. She commented that this information is reported in the remote audit process guidelines and needs to be communicated to each facility. Acting Executive Director Moore reported that 60 days prior to the on-site audit, the facility will be provided the audit notice, on-site audit date, audit period, audit materials and due date for the audit materials to be returned to MCCS. Acting Executive Director Moore commented that each facility will have at least six months or more to gather their information and to determine which electronic method they will be using to provide the information to MCCS. Acting Executive Director Moore reported that thirty (30) days prior to the on-site audit, the pre-audit materials and remote audit documents will be due to MCCS. Acting Executive Director Moore reported that forty-five (45) days or more duration of the remote audit process (30 days prior to the on-site audit) then the on-site audit, and then 15 days after the on-site audit, which is a total of 45 days for the auditors to review the information that has been submitted. Acting Executive Director Moore reported that fifteen (15) days or more prior to the on-site audit, the Audit Team Leader provides standards assignments, and remote audit and on-site audit directions information to the audit team members. Acting Executive Director Moore stated that the audit team member can also consist of Duly Authorized Inspectors (DAI's) as well as MCCS staff members. Acting Executive Director Moore reported that seven (7) to fourteen (14) days prior to the on-site audit, a notice will be forwarded to the managing official regarding the audit team members and the standards assignments which is the norm for an on-site audit. Acting Executive Director Moore reported that seven (7) days prior to the on-site audit, a remote entrance conference will be held with the managing official and whomever the managing official designates to have in attendance at the remote entrance conference. Acting Executive Director Moore reported that the debriefing that is normally held at the facility will be held remotely and determined by the Audit Team Leader. Acting Executive Director Moore reported that the on-site audit debriefing with the tour notes, standards compliance issue and audit progress will also be determined by the Audit Team Leader and can also be held remotely. Acting Executive Director Moore reported that fifteen (15) days after the on-site audit, a remote exit conference will be held with the managing official which will be held through Google Meet or any other means that has been determined. Acting Executive Director Moore commented that from this point in the process, MCCS will follow the normal procedure for scheduling the Commission meeting. She stated that if there is a compliance plan, it will still be in place as well as the monitoring date. Acting Executive Director Moore explained the Remote Monitoring Process Timeline which was included in the Remote Audit Process Guidelines. She stated that the remote monitoring process is the same as the process in which MCCS is carrying out now. Acting Executive Director Moore reported that the Remote Monitoring Process includes providing notice to the managing official of the monitoring date, and the expectation of documentation/paperwork. Acting Executive Director Moore reported that a remote entrance conference is held with the managing official three (3)

days prior to the monitoring date in order to communicate with the managing official and the staff. Acting Executive Director Moore reported that the debriefing and exit conference is held with the managing official and staff as determined by the Audit Team Leader. Acting Executive Director Moore reported that a Commission meeting is scheduled after the monitoring visit/review. Acting Executive Director Moore commented that some of the details are the same as MCCS previously had in place. She reported that the biggest change regarding the whole process is providing the documentation remotely; having an extended period of time for review and; having a shortened period of time on site.

REMOTE AUDIT PROCESS TIMELINE	
TIMEFRAME	ACTIVITY
>6 mos prior to On-site Audit	MCCS Notice to Managing Official — Establish Remote and On-site Audit Date(s) and Remote Documentation Due date
>60 days prior to On-site Audit	MCCS Notice — Provide On-site Audit Date, Audit Period, Pre-Audit Material and Due date
30 days prior to On-site Audit	Pre-Audit Materials and Remote Audit Documentation Due
45 days	Duration of the Remote Audit Process/Activity from Remote Audit Documentation Due Date or Receipt Date
15 days prior to On-site Audit	ATL provides Standard Assignments and Remote Audit and On-site Audit Directions/Information to Audit Team Members
7-14 days prior to On-site Audit	Notice to Managing Official regarding Audit Team Members, Standard Assignments, On-site Audit Date(s) and Scheduled Remote Entrance and Exit Conference Date/Time(s)
7 days prior to On-site Audit	Remote Entrance Conference with Managing Official
TBD-ATL	Remote Audit Debriefings — Inmate Interviews, Standard Compliance Issues and Audit Progress
TBD-ATL	On-site Audit Debriefings — Tour Notes, Standard Compliance Issues and Audit Progress
15 days after On-site Audit	Remote Exit Conference with Managing Official
To Be Scheduled	Commission Meeting
Begins 1 st day of Month after Commission Meeting	Compliance Plan (if applicable)
>6 mos from beginning of Compliance Plan	Monitoring Date (if applicable)
REMOTE MONITORING PROCESS TIMELINE	
TIMEFRAME	ACTIVITY
90 days prior to Monitoring Date	Notice forwarded to Managing Official — Monitoring Date, Standards for Review and Monitoring Period
>3 days prior to Monitoring Date	Remote Entrance Conference with Managing Official/Designee — Schedule Remote Activities (i.e. physical inventories, etc.)
TBD by Lead	Debriefing with Managing Official/Designee
TBD by Lead	Remote Exit Conference with Managing Official/Designee
To Be Scheduled	Commission Meeting

Acting Executive Director Veronica Moore presented part two of the Remote Audit Process as outlined in the illustration and provided a summation regarding the on-site audit schedule. Acting Executive Director Moore reported that the schedule was broken down from the number of days MCCC previously conducted an audit to the reduced schedule regarding the number of days to conduct an on-site audit. Acting Executive Director Moore reported that there are some facilities where there was only one (1) day (Office of Inmate Health and Clinical Services) for an audit. Acting Executive Director Moore reported on the facilities in which two (2) days were allocated to conduct an on-site audit. Acting Executive Director Moore reported that the remote audit remote process would also entail conducting some inventories and inmate interviews remotely which will also be determined by the facility itself and what capacity the facility has to be able to do remote inventories and inmate interviews. She commented that the on-site audit will be reduced for those facilities. Acting Executive Director Moore reported that a previous two (2) day facility audit is now reduced to one (1) day and preferably one auditor. Acting Executive Director Moore reported that a previous (3) day facility audit is now reduced to 1.5 to 2 days or less with maybe 2-3 auditors on-site (audits regarding facilities that would normally have a 3-day audit were listed on the right side of the spreadsheet). Acting Executive Director Moore reported that previous four (4) day audits are now reduced to 2 days, with preferably 3-4 auditors (audits regarding facilities that would normally have a 4-day audit were listed on the right side of the spreadsheet). Acting Executive Director Moore reported that previous 5 day audits are now reduced to 3 days with trying to split the number of auditors down to 4-6 auditors (audits regarding facilities that would normally have a 5-day audit were listed on the right side of the spreadsheet). Acting Executive Director Moore stated that based on the pandemic and how MCCC is currently operating now, the idea is to reduce the amount of time within the facilities, but still have a level of integrity regarding documentation that is being reviewed for an audit. Acting Executive Director Moore concluded her summation of the Remote Audit Process Guidelines.

MCCC REMOTE AUDIT PROCESS						
PREVIOUS DURATION	REMOTE AUDIT SUBMISSION TIMEFRAME	REMOTE AUDIT		ON-SITE AUDIT		FACILITY/INSTITUTION
ON-SITE		DURATION	ACTIVITY	DURATION	ACTIVITY	FY-2020-2023
1 DAY (4 Auditors)	6 MOS.	30 DAYS	EPHR Access/Review			State - Office of Inmate Health Services
2 DAYS (5 Auditors)		45 DAYS (Auditors - See On-site)	Inmate Interviews, Staff Interviews, Policies and Procedures, Inventories, Primary and Secondary Documentation Review	1 DAY (1 Auditor)	Facility Tour, Primary and Secondary Documentation Review	Local - Threshold
3 DAYS (5-7 Auditors)				1.5-2 DAYS (2-3 Auditors)		Local - Carroll CDC, Dorchester CDC, Calvert CDC, Talbot CDC, Montgomery CPRS, AACDF - Ordnance Road, Garrett CDC, Worcester CDC, Kent CDC, Frederick CDC, Charles CDC, Queen Anne's CDC, Allegany CDC, St. Mary's CDC, Montgomery CDC, Caroline CDC, Washington CDC, Somerset CDC
4 DAYS (6-8 Auditors)				2 DAYS (3-4 Auditors)		State - SMPRU, DRCF, YDC, EPRU
5 DAYS (8-16 Auditors)				3 DAYS (4-6 Auditors)		Local - AACDF - Jennifer Road, ECI Annex, Wicomico CDC, Howard CDC, Harford CDC, Cecil CDC, Cecil CCC, PG CDC/CRC-MCIH, State - RCI, WCI, NBCI, BCF, MCTC, CMCF, MCCC, Baltimore Cnty DC, Patuxent, MTC, CDF, MRDCC, ECI, BCBIC, JCI, MCIW, MCIJ, BCCC

Chairperson Reece welcomed comments and questions from the Commission members. Chairperson Reece inquired about the role of the Duly Authorized Inspectors regarding the remote audit process. Acting Executive Director Moore responded that the role of the DAI's depends on technology and the access available at the facility. Acting Executive Director Moore commented that the technological element regarding the role of the DAI has to be really communicated and worked out. She stated that right now, MCCC has the U drive and with the U drive, access can only be granted to individuals who are employees of the state of Maryland. Acting Executive Director Moore stated that right now, MCCC can only use a DAI who is a state employee that has access to the U drive. Acting Executive Director Moore commented that there may be other opportunities that may need to be further explored. Acting Executive Director Moore stated that some facilities are able to use a Google drive which will enable MCCC to grant a DAI access on the facility side for the facility that is being audited in order to access the information. Acting Executive Director Moore commented on how MCCC utilized a DAI previously. She stated that MCCC may still request the use of a DAI and the DAI may be able to conduct the audit from their facility in some cases. Acting Executive Director Moore commented that MCCC may still utilize a DAI for an on-site audit, however that detail still needs to be worked out a little further. Acting Executive Director Moore commented on how DAI's would be utilized during the pandemic when we weren't sure how long it would last or how long we would be on quarantine. She commented that MCCC faced the issue with DAI's being reluctant to participate in the audit initially when we thought perhaps the quarantine would only last a short while. Acting Executive Director Moore commented that it is expected when the suspension is lifted, MCCC may still be faced with the issue of DAI's being reluctant to participate in the field audits. She stated this is one of the reasons why the remote audit process needed to be developed even more. Chairperson Reece commented that the DAI's are a crucial part of the success of the audits. Chairperson Reece stated that it is vital to find a way for the DAI's to be involved in the audit process. He stated that maybe the DAI's who have been vaccinated (derived from a list of vaccinated employees) can be utilized to assist with the audits. Chairperson Reece asked is the Audit Team Leader assigned as the contact person for the facility at the six-month notification so that they can make contact with the Audit Team Leader. Chairperson Reece added to his question and asked or is the contact person going to be the Executive Director or someone that the Executive Director designates as a contact person up until it gets closer to the actual audit. Chairperson Reece referred to the Remote Audit Process Timeline and stated that it looks like the Audit Team Leader comes into play at around 15-days prior to the on-site audit or that segment of the actual audit. Acting Executive Director Moore responded that actually as it has been in the past, once the audit schedule is developed, a schedule is also developed regarding for the staff on who will be the Audit Team Leader. Acting Executive Director Moore commented that the Audit Team Leader is already invested from the beginning and would be the point-of-contact person. Acting Executive Director Moore stated that generally even with the remote auditing process that MCCC has been conducting, there is always an initial meeting. Acting Executive Director Moore explained that the initial meeting involves the Acting Executive Director and the Audit Team Leader is involved in communicating with the managing official and audit coordinator of the facility that is being audited. Acting Executive Director Moore stated that generally a meeting is held prior to the initial meeting and continuous communication throughout the entire process. Acting Executive Director Moore stated that constant communication is key with so many facilities managing their

documentation in different ways, it is important for MCCS to dialogue with them about the way that the documentation is maintained and determining whether or not it can be reviewed remotely or table it until MCCS is on-site. Acting Executive Director Moore commented that the idea is to reduce the amount of documentation that is reviewed on-site. Chairperson Reece commented that he sees the evolution. He stated that at his facility the Information Technology (IT) person has a much more critical role and the IT personnel have more contact with the Audit Team Leader than the standards coordinator who knows where all of the documentation is maintained, but the IT person is going to be the point-of-contact regarding how the information is best provided to the MCCS. Chairperson Reece asked if his assessment was correct regarding the role of the IT individual and the Audit Team Leader. Acting Executive Director Moore responded that so far it has been MCCS' experience with two local facilities who have been able to set up a Google drive that was coordinator with the facility's IT unit and they have developed it and how MCCS would gain access/advised MCCS on how to gain access and provided a link in order to gain access. Acting Executive Director Moore stated that it has normally been between the facility and the facility's IT unit to develop that process and the facility provides the link to MCCS and then MCCS has access to the Google drive with the information on it. Chairperson Reece commented that he appreciated Acting Executive Director Moore and the staff for all of the work that was put into the document and presentation regarding the Remote Audit Process Guidelines. Chairperson Reece commented it was "great work". He stated that he believes it is a great start in moving forward regarding remote auditing.

Chairperson Reece called for a virtual motion and vote to approve the Remote Audit Process Guidelines. Vice Chairperson Shakia Word made a motion to approve the Remote Audit Process Guidelines and Citizen member Delores Alexander seconded. The vote to approve the Remote Audit Process Guidelines was unanimous.

Chairperson Reece asked if the Commission members had any additional questions regarding the Remote Audit Process Guidelines. Acting Executive Director Moore commented that if anyone had any additional questions, to please forward them to her because she is open to addressing any issues and working out every detail that she can regarding the remote auditing process.

7. ANNOUNCEMENTS

Commissioner Wayne Hill (also serving as the Deputy Secretary of Operations, DPSCS) announced, effective June 30, 2020, the Department plans to depopulate and shelter the Eastern Pre-Release Unit and the Southern Maryland Pre-Release Unit. Commissioner Wayne Hill stated that the events may take place earlier than June 30, 2020. Assistant Attorney General Beverly Hughes asked what is the meaning of the words depopulate and shelter. Commissioner Hill responded that depopulate and shelter means closure. Commissioner Hill stated that the Department does not use the word close, but all of the inmates are being moved from those facilities. Senior Correctional Program Specialist Cheryle Moyer asked if those facilities will totally be out of operation, indefinitely. Commissioner Hill response was yes those facilities mentioned will be totally out of operation. Commissioner Hill stated that the depopulation and shelter of the Eastern Pre-Release Unit and Southern Maryland Pre-Release Unit will be very similar to the depopulation and shelter that occurred regarding the Poplar Hill Pre-Release Unit and Brockbridge Correctional Facility.

8. ADJOURNMENT

Chairperson T.D. Reece entertained a motion to adjourn the 273rd Commission (Virtual Meeting). Vice Chairperson Shakia Word made a motion to adjourn the virtual meeting and Citizen member Delores Alexander seconded. The 273rd Commission (Virtual) Meeting concluded at 10:45 a.m. Chairperson Reece urged everyone to stay safe!